·									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI									10698900					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS			+1					RATE		FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS					•			X43=			OR	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145	=		OR	+290=		
- 11	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II											-	OTHÉR	THAN	
3	10-06	(Column :			(Column 3)	SMALL		L (ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	•	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	Minus	** 2	1	=		X\$ 9=			OR	X\$18=		
AME	Independent	· 13	Minus	***\5	7	_		X43=			OR	X86=		
	FIRST PRESE	ENDENI	CLAIM	<u>. H</u>	'	+145=			OR.	+290=				
									AL			TOTAL		
									ΞE		OR	ADDIT. FEE		
Ġ		(Column 1) CLAIMS		(Colun					_	ADDI-	· }	•	ADD!	
ENT B	•	REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	USLY	PRESENT EXTRA		RATE		TIONAL	•	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	independent	*	Minus	***				X43=	7		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+145=		:	OR	+290≐		
							L	TOTA	u	•		TOTAL		
	(Column 1) (Column 2) (Column 3)									;		ADDIT. FEE		
,,]	`	CLAIMS.		HIGH	EST		lr		1	ADDI- 1	ſ	· , · · ·	ADDI-	
N C		REMAINING AFTER AMENDMENT	-	PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ŀ	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT C	Total		Minus	** .		=		X\$ 9=	1		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	1			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR			
+145=											OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ODIT. FEE		
		mber Previously Paid ber Previously Paid								ropriate box	in col	ımn 1.		
												•		